Form A

Notice of Completion & Environmental Document Transmittal

2005062157

Mail to: State Clearinghous	e, PO Box 3044, Sacran	nento, CA 9	95812-	3044 916	/445-0613	0011#		
Project Title: Waste Disc	charge Requirements fo	r Timber Ha	arvest /	Activities C	onducted in	the Elk Riv	er Watershed	
Lead Agency: North Coast Regional Water Quality Control Board					Contact Person: Mark Neely			
Mailing Address5550 Skylane Blvd, Suite A					Phone: (707) 576-2689			
City: Santa Rosa		Zip: <u>95403</u>			County: Sonoma			
Project Location:								
County: Humboldt		City/Near	est Co	mmunity: E	Fureka			
Cross Streets: n/a				_	de: n/a	Total	Acres:	
Assessor's Parcel No.		Section:		- *	Twp.		e: Base:	
Within 2 Miles: State Hwy #:		Waterways: Elk River						
Airports:		Railways:		Schools:				
— — — — — — — — — — — — — — — — — — —								
					1			
CEQA: NOP Early Cons	☐ Supplement/Subseque (Prior SCH No.)	FFC	:FIX	YED.	∏ NOI ∏ EA	Other:	☐ Joint Document ☐ Final Document	
▼ Neg Dec	Other			¥ 1	Draft EIS		Other	
☐ Draft EIR		JUN	28	2005	FONSI			
Local Action Type:					7			
General Plan Update	Specific Plan	STATE CL	EARIN	IG HOUSI Rezone	=		Annexation	
General Plan Amendment	☐ Master Plan	Preze		Prezon			Redevelopment	
☐ General Plan Element ☐ Planned Uni ☐ Community Plan ☐ Site Plan				☐ Use Pe			Coastal Permit	
	☐ Site Plan			Land L	ivision (Subdi	vision, etc.)	Other WDRs	
Development Type:								
Residential: Units	Acres			□Wa	ater Facilities:	Tvpe		
		vees	Tra		ansportation:	Туре		
		rloyees		☐ Mining: M ☐ Power: To		Mineral	Watts	
FT F1 -4' 1	Employ					: Type	wais	
Recreational				☐ Ha	Hazardous Waste: Type_			
				K Ot	her: n/a			
Funding (approx.): F	ederal \$	State \$_			Total \$ n/a			
Project Issues Discuss	ed in Document:							
X Aesthetic/Visual	Flood Plain/Flooding	ıg	∏ Scl	hools/Unive	rsities	is.	Water Quality	
Agricultural Land	Forest Land/Fire Ha	☐ Septic Systems			Water Supply/Groundwater			
Air Quality Archeological/Historical	Geologic/Seismic	☐ Sewer Capacity ✓ Soil Erosion/Compaction/Grading			Wetland/Riparian			
Coastal Zone	Minerals Noise ✓	Solid Waste						
☐ Drainage/Absorption	Population/Housing	Toxic/Hazardous			_	C Landuse		
Economic/Jobs Fiscal	ilities	_	affic/Circula	ation		Cumulative Effects		
1 13Ca1	Recreation/Parks		x ve	getation		L	Other	
Present Land Use/Zonii	ng/General Plan Dec	- — — — signation:						
TPZ	g	- g i. o. i.	-					

Project Description:

This project adopts and implements an Order for watershed-wide waste discharge requirements (WDRs) and a process for addressing discharges associated with timber harvesting plan activities on lands owned and/or operated on by the Scotia Pacific Company, January 2004 Salmon Creek Corporation, and the Pacific Lumber Company in the Elk River watershed

Reviewing Agencies Checklist	Form A, continued	KEY			
✓ Resources Agency		S = Document sent by lead agency			
Boating & Waterways		X = Document sent by SCH			
Coastal Commission		√ = Suggested distribution			
Coastal Conservancy					
Colorado River Board					
✓ Conservation	Environmental Protection Agency				
✓ Fish & Game	Air Resources Board				
Forestry & Fire Protection	California Waste Management Board				
Office of Historic Preservation	SWRCB: Clean Water Grants SWRCB: Delta Unit SWRCB: Water Quality SWRCB: Water Rights Regional WQCB #				
✓ Parks & Recreation					
Reclamation Board					
S.F. Bay Conservation & Development Commission					
✓ Water Resources (DWR)					
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Business, Transportation & Housing					
Aeronautics	Independent Co	mmissions & Offices			
California Highway Patrol	Energy Commission Native American Heritage Commission Public Utilities Commission				
✓ CALTRANS District # 1					
Department of Transportation Planning (headquarters)					
Housing & Community Development	Santa Monica Mountains Conservancy				
Food & Agriculture	State Lands Commission				
Health & Welfare	Tahoe Regional Planning Agency				
Health Services					
State & Consumer Services	Other				
General Services					
OLA (Schools)					
Public Review Period (to be filled in by lead agency)					
Starting Date June 30, 2005	Ending Date August 2, 2005				
(h(0))					
Signature	Date				
Lead Agency (Complete if applicable):	For SCH Use Only:				
Consulting Firm:	Data Passing 1 of GCT				
Address:	Date Received at SCH				
City/State/Zip:	Date Review Starts				
Contact:	Date to Agencies				
Phone: ()	Date to SCH				
	Notes:				
Applicant:	TYVICO.				
Address:					
City/State/Zip:					
Phone: ()					

Davis

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